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COMMUNITY MOBILIZATION TO ADDRESS THE IMPACTS OF AIDS

A REVIEW OF THE COPE II PROGRAM IN MALAWI

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EXECUTIVE SUMMARY

Malawi is among countries most severely affected by HIV/AIDS, and its growing number of orphans is one of the epidemic's most apparent and troubling impacts. The health, development, education, and social integration of these children is already at serious risk. Their number can be expected to continue to increase, and their problems, already severe, can be expected to become much worse. However, the COPE (Community-based Options for Protection and Empowerment) program of Save the Children Federation of the United States (SC-US) offers reason for hope. It deserves careful attention in Malawi and throughout the region, because it is demonstrating a systematic approach to mobilizing community-based responses to the needs of orphans and other people made vulnerable by the impacts of HIV/AIDS. If this approach can be scaled-up effectively, it may provide a cost-effective, sustainable way to address the crisis.

By the year 2000, 1.2 million children in Malawi, over 27 percent of all children in the country, will have lost one or both parents due to AIDS and other causes. This estimate appears in "Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS," a report released in December 1997 by the United States Agency for International Development (USAID). This document presents estimates of the number and proportion of children who will lose one or both parents in 23 countries heavily affected by HIV/AIDS. The report also presents USAID's view that solutions can be found only through coordinated efforts to support, strengthen, and multiply coping strategies among the families and communities on the front lines of the pandemic. The COPE program is a promising example of how this can be done.

The Displaced Children and Orphans Fund (DCOF) of USAID funded the initial COPE program (COPE I) for the period July 1995-September 1997 and provided a second grant for the period September 1997-September 2000 (COPE II).¹ DCOF sent a team to collaborate with COPE staff in reviewing the program in October 1996 and again in January 1998. This is the report of the team's second visit.

In Mangochi District's Namwera area, COPE has mobilized District, Community, and Village AIDS Committees. This structure for community-based action was devised by the National AIDS Control Program in 1994 with UNICEF support, but due to a lack of resources, for the most part it did function below the district level. COPE has brought the structure to life in Namwera. This effort began with a workshop in late 1996 that sensitized religious, business and political leaders

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and local line ministry personnel to the impacts of AIDS in their community. To take action participants decided to form the Namwera AIDS Coordinating Committee (NACC). With the support of COPE, NACC, in turn, organized 16 Village AIDS Committees (VACs) that have identified orphans, people who are ill, and other vulnerable individuals; helped orphans return to school; trained care givers in home-based care; raised funds and provided material assistance; started youth anti-AIDS clubs; and organized structured recreation activities to respond to the psychosocial needs of orphans.

Community ownership is the essential element in COPE's approach and the key to the potential sustainability of the community action that is generated. In Namwera, at both the area and village levels, participants in the sensitization and training have assumed responsibility, for addressing the broad range of problems caused by HIV/AIDS.

NACC includes government health, community development, agriculture, and education personnel; business persons; and representatives of religious groups. It has been successful in continuing to mobilize VACs even without the support of COPE, organizing five additional VACs on its own. It is also playing a linking role between the district and village levels. NACC has supported VAC activities by raising funds through special events and monthly contributions of its members. COPE provided bicycles to help ease NACC's transportation difficulties. Problems with transport were cited frequently at village and district levels, as well.

Each VAC decides which problems it will address and the approaches it will use. Using its own criteria, each identifies the most vulnerable individuals in the village. The most active members of VACs have been chiefs and their counselors, Muslim religious leaders, clan heads, and families caring for orphans. A table on page 6 provides an overview of the initial accomplishments of the VACs.

All of the VACs have raised funds to provide limited material assistance to orphans and their guardians, home-based care patients, and/or isolated elderly people. Most collect monthly contributions from members. Activities carried out by VACs include:

- identifying and monitoring orphans and other vulnerable individuals
- intervening with guardians and schools to return orphans to school
- community fund raising
- providing material assistance to orphans and home-based care patients
- training care givers in home-based care
- developing community gardens
- forming youth anti-AIDS clubs
- organizing structured recreation activities for children.

Through linkages with other organizations COPE could significantly increase the scale of responses to the problems of vulnerable children and families in Malawi. For example, COPE

personnel expressed interest in training other nongovernmental organizations (NGOs) in their approach to community mobilization. COPE may also be able to increase the impacts of its own program by selective linkages with such bodies as the Malawi Social Action Fund, the World Bank, and the Episcopal Conference of Malawi's home-based care program.

COPE I focused primarily at the community and village levels, achieving encouraging results. COPE II seeks to make an impact over a much wider geographic area. Stimulating and strengthening District AIDS Coordinating Committees to take the lead in mobilizing Community and Village AIDS Committees will be a particular challenge for COPE and perhaps the most difficult test of whether this model can be implemented effectively at scale.

BUILDING FAMILY AND COMMUNITY ECONOMIC CAPACITY

Family and community economic capacities are key issues as COPE seeks to mitigate the impacts of HIV/AIDS. Households affected by AIDS often turn to self-employment and income-generating activities in times of severe economic stress. The status of those already living in poverty is precarious since the decline from simply being poor to being destitute can be frighteningly quick. By raising funds and planting community gardens VACs have been able to create a modest safety net for those they consider the most vulnerable.

The creation and maintenance of community-based safety nets depends on the ability of VACs to sustain the participation of their members. Awareness of their own potential needs motivates many people to become involved in VAC activities. Building community systems for home-based care and creating strategies for individuals and families to cope with the impact of HIV/AIDS are as urgent as preventing the spread of HIV.

The adequacy and quality of care for children orphaned by AIDS depends on the economic stability of the guardian household. Community-based organizations also depend on intermittent income earning activities and donations to finance their efforts to assist families and children in need. The ability of VACs to sustain their activities depends upon a degree of economic stability at household and community levels.

The villages most vulnerable to the impacts of HIV/AIDS are already poor, but if AIDS pushes too many people from poverty into destitution, their needs will overwhelm VACs and erode their capacity to raise funds to provide support. Maintaining economic stability, however, is beyond the capacity of COPE or the District, Community, and Village AIDS Committees, because their strengths are in community mobilization and dealing with the effects of AIDS. An effective microenterprise service are needed to complement their efforts by helping to stabilize household incomes, reduce the number of people sliding into destitution, and increase the ability of poor and less poor households to continue helping those who are more vulnerable.

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One of the overall goals of community-based responses to mitigate the impact of HIV/AIDS is strengthening the economic stability of communities. This can be done through two complementary approaches: to create a community safety net by generating resources locally to mitigate the consequences of HIV/AIDS and to provide microenterprise services for individuals to enable families and households to shore up their resources.

Five types of microenterprise service have potential to be effective tools in strengthening the economic resources of poor families:

1. Microcredit can enable households to even out their income over time and build assets that can serve as insurance in emergencies, and it is potentially sustainable. Keeping loans small will attract poor households. However, microcredit is extremely challenging to implement successfully, so it is very important that this service is delivered by specialized bodies using state-of-the-art operational practices and credit delivery methodology. Experience in Malawi and Uganda has shown that microcredit services can operate effectively in communities seriously affected by AIDS. The report identifies organizations in Malawi with which COPE can explore possibilities for microcredit being extended to areas with VACs (FINCA, the Malawi Rural Finance Company, the United Nations Capital Development Fund, and the Small Enterprise Development Organization of Malawi).
2. Savings mobilization may be more useful than microcredit in rural areas without ready access to markets. Although access to formal savings opportunities are very limited in such areas in Malawi, grassroots rotating savings and credit associations are a locally managed alternative that has worked well in many African countries.
3. Analyzing market chains for particular items can help COPE link producers to markets with potential for growth and help businesses connect with more economical sources of supply. This approach involves finding out who buys from whom and who sells to whom to identify bottlenecks. Activities that can overcome these constrictions in the flow of goods represent economic opportunities that AIDS committees or affected households may be able to benefit from.
4. Linking rural villages with agricultural inputs and advice can help them increase their production or start new crops. Ministry of Agriculture field agents, the USAID mission, or other NGOs may be able to help COPE identify sources of supply.
5. Apprenticeships link youth to artisans in the informal system. Artisans

benefit from free labor, and the apprentice gains a skill. It is essential, however, to select trades with growth potential to increase the chances of training leading to employment.

PREVENTION AND CARE

Among programs addressing HIV/AIDS issues, the potential links between care and prevention activities deserve much greater attention than they have received. Programs targeting HIV prevention often operate in isolation from those providing care for people living with AIDS, orphans, and others made vulnerable by the epidemic. One way that such links might be important to reducing the spread of HIV stems from the fact that poverty generates a sense of powerlessness and fatalism, the feeling that the things that affect us are beyond our control. This undermines commitment among the poor to implement prevention messages. However, the sense of empowerment that comes with effective community mobilization reinforces among participants the sense that they can affect the circumstances of their lives. This awareness may increase their receptivity to adopting behaviors that reduce their risk of HIV infection.

Also, personal involvement in community-based care efforts raises participants' awareness of HIV/AIDS and provides opportunities for program staff to discuss with them how HIV is transmitted and to convey prevention messages. In addition, responding to the difficulties of orphans and widows may motivate community residents to avoid risky behaviors that could ultimately have similar consequences for their own families.

PRIMARY RECOMMENDATIONS

The following are the team's primary recommendations:

1. *COPE staff should explore closer operational links with programs providing microfinance, HIV/AIDS prevention, health and education services, including those of other organizations as well as other SC-US programs.*
2. *In consultation with SC-US/COPE and USAID Malawi, DCOF should explore providing support for FINCA to extend its program to geographic areas where COPE has or will mobilize Community and Village AIDS Committees.*
3. *In consultation with FINCA and SC-US/COPE, USAID/Malawi should review plans for the COPE's geographic expansion during the second half of the current grant, with a view toward increasing the geographic overlap between the two programs.*

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4. *SC-US/COPE should explore with the Malawi Rural Finance Company and the Small Enterprise Development Organization of Malawi the possibility and potential benefit to AIDS-affected communities of extending microfinance services into areas where VACs have been or will be established.*
5. *In consultation with USAID/Malawi and potential participating bodies, SC-US/COPE should develop a proposed amendment requesting funds to train other NGOs and government departments in its approach to community mobilization.*

Additional recommendations on COPE operations, increasing collaboration, care and prevention, and advocacy begin on page 28 .

LIST OF ACRONYMS AND ABBREVIATIONS

CAC	Community AIDS Committee
CBO	Community-based Organization
CDA	Community Development Assistant
COPE	Community-based Options for Protection and Empowerment
DACC	District AIDS Coordinating Committee
DEMAT	Development of Malawi Trust
DCOF	Displaced Children and Orphans Fund
EAP	Economic Activity Project
ECM	Episcopal Conference of Malawi
EOP	Economic Opportunity Promoter
FINCA	Foundation for International Community Assistance
GGLS	Group Guaranteed Lending and Savings
GTZ	German national technical assistance agency
HBC	home-based care
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
KREP	Kenya Rural Enterprise Project
MASAF	Malawi Social Action Fund
MOA	Ministry of Agriculture
MOWYCS	Ministry of Women, Youth, and Community Services
MRFC	Malawi Rural Finance Company
NACC	Namwera AIDS Coordinating Committee
NGO	Nongovernmental organization
ROSCA	rotating savings and credit association
SARNET	Southern Africa Root Crops Research Network
SC-US	Save the Children Federation, Inc. of the United States
SEDOM	Small Enterprise Development Organization of Malawi
SO	strategic objective
SRAs	structured recreational activities
VAC	Village AIDS Committee
UNCDF	United Nations Capital Development Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

INTRODUCTION

Malawi is among the countries most severely affected by HIV/AIDS, and the growing number of orphans is one of the epidemic's most apparent and troubling impacts. The health, development, education, and social integration of these children is already at serious risk. Their number can be expected to continue to increase at least through the year 2010, and their problems, already severe, can be expected to become much worse. The COPE (Community-based Options for Protection and Empowerment) Program of Save the Children Federation of the United States (SC-US) is demonstrating in Malawi an approach to community mobilization that shows promise of being a cost-effective and sustainable way of addressing these problems on the scale at which they are occurring. This report presents findings and observations on COPE and the problems it is addressing.

The rapidly increasing number of orphans is an emerging crisis in the countries most heavily affected by HIV/AIDS. On World AIDS Day 1997, Brian Atwood, Administrator of the United States Agency for International Development (USAID), expressed the agency's deep concern about this trend and announced the publication of a major report assessing the scale and impact of this crisis and recommending basic strategies for addressing it. The report, "Children on the Brink: Strategies for Support Children Isolated by HIV/AIDS," provides the first multi-country review of the magnitude and anticipated increases in the number of orphans.² Because of AIDS, both the number and proportion of children who will lose one or both parents in 23 countries is projected to increase rapidly, at least through the year 2010. "Children on the Brink" reflects USAID's view that solutions can only be found through coordinated efforts to support, strengthen, and multiply coping strategies among the families and communities on the front lines of the pandemic.

While there has been growing concern for several years over the increasing number of orphans, particularly in Sub-Saharan Africa, it has been difficult to put this trend into perspective because there have been few estimates of the magnitude of the problem. "Children on the Brink" projects that by the year 2000 in the 23 study countries, 34.7 million children will be orphaned and that in nine of the countries more than 20 percent of all children will have lost one or both parents. The impact in Malawi is particularly severe and is projected to become much worse, as shown in the table below, whose figures are drawn from "Children on the Brink."

Estimates of Malawian Children Below Age 15, With One or Both of Whose Parents Dead

	YEAR				
	1990	1995	2000	2005	2010
Number	740,594	980,708	1,230,947	1,429,952	1,565,818
Percentage of all Children	17.29%	22.41%	27.43%	31.75%	35.78%

Source: Susan Hunter and John Williamson, "Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS," USAID, 1998, Annex A.

NEED FOR AN EFFECTIVE RESPONSE

In Malawi and other countries with advanced HIV epidemics, individual health and development and economic and psychosocial problems are growing as families and communities find it increasingly difficult to care for large numbers of orphaned children. It is urgent to recognize that the growing number and proportion of orphans is a profoundly important development issue that requires serious national-level attention. Without effective, widely implemented measures to strengthen family and community efforts, there will be profound social consequences as poor countries struggle to absorb growing numbers of under-educated, untrained, and potentially alienated children and youth.

In the developing countries most affected by HIV/AIDS, most of the action that has been taken to benefit orphans has fallen into two categories:

- NGO programs combining relief and development activities that have produced good results, but with relatively limited geographic coverage and at a cost per beneficiary too high to permit large scale implementation and
- Community-based initiatives that have produced good results at a low cost per beneficiary, but whose coverage has been very limited.

The HIV/AIDS pandemic has evolved to the point where such scattershot efforts can no longer constitute an acceptable response. It is essential to find ways to address the impact of HIV/AIDS on children and families on the same scale as problems are occurring. Not only is this the right thing to do, but inadequate attention to these issues will swell dramatically the number of disadvantaged, uneducated, disaffected young adults who will contribute to future upheavals and conflicts.

For some years those concerned with the impacts of AIDS on children have recognized that the most cost-effective measures have been small, community-based initiatives. “Children on the Brink” stresses that interventions will be effective only to the extent that they strengthen the coping capacities of children, families, and communities. It recognizes that community-based organizations have demonstrated that they can identify and support vulnerable children and families in sustainable ways. The main problem has been, however, that these initiatives have been widely scattered and inadequate in relation to the growing scale of the impacts of AIDS on children and families.

The COPE program appears to have resolved this dilemma, and it deserves careful attention in Malawi and throughout the region. COPE is demonstrating a systematic approach to mobilizing community-based responses to the needs of orphans and others made vulnerable by the impacts of HIV/AIDS. If this approach can be scaled-up effectively, it may provide a cost-effective, sustainable way to address the orphan crisis. The action that communities are taking as a result of COPE puts flesh on the bones of the strategies advocated in “Children on the Brink.”

THE COPE PROGRAM

SC-US began COPE in July 1995 in Malawi’s Mangochi District with Funding from the Displaced Children and Orphans Fund (DCOF). In nine villages around the Mangochi town area, COPE implemented a broad range of interventions aimed at mitigating the impacts of HIV/AIDS on children and families. In October 1996, in a joint review of the program, DCOF and COPE personnel determined that although most of the interventions were producing positive results, the cost per beneficiary was too high to implement COPE’s staff-intensive approach at scale in Malawi. Another observation was that the continuation of COPE-initiated activities by community volunteers would be questionable once COPE staff moved on to work in another part of the District. The findings and recommendations of that review were presented in the October 1996 report, “Developing Interventions to Benefit Children and Families Affected by HIV/AIDS: A Review of the COPE Program in Malawi for the Displaced Children and Orphans Fund.”

Taking into account the issues identified during the review, COPE staff took a different approach in the Namwera portion of the District during the remaining eight months of the DCOF grant. Staff size was reduced, and the focus of their efforts shifted from addressing problems to mobilizing and building the capacities of the community to do so. COPE used its resources to breathe life into a structure of district, area, and village-level committees that had been devised by the National AIDS Control Program and UNICEF in 1994, but which did not function in most of the country.

Having previously done an assessment in the area, COPE and government personnel organized a three-day Training for Transformation workshop for Namwera leaders. Participants included Namwera’s Member of Parliament, its Traditional Authority, religious leaders, business leaders,

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concerned residents, and field staff from the ministries of Health, Education, Youth, Agriculture, and Social Welfare/Community Development. The workshop sensitized participants to the impacts of AIDS in Namwera and to responses that community residents could make. When participants decided to form a committee to initiate joint action, the workshop coordinators explained the Government's District, Community, and Village AIDS Committee structure, which participants decided to adopt in forming the Namwera AIDS Coordinating Committee (NACC). In keeping with the national model, NACC established four technical sub-committees: Orphans, Home Based Care, High Risk, and Youth. Appendix 1 is an overview of the workshop.

As members of NACC, COPE field staff participated with other members in conducting similar workshops in 16 area villages, each of which decided to form a Village AIDS Committee (VAC). Recognizing that their role in Namwera would last only a few months, COPE staff made a point at village level of identifying themselves as members of NACC. This avoided raising the profile of COPE or SC-US and helped reinforce community ownership of action. Although COPE personnel withdrew from Namwera by August 1997, in the following five months NACC organized five additional VACs and the membership of the 16 original VACs increased.

Based on the results achieved in Namwera, DCOF provided a second three-year grant to SC-US in September 1997 to strengthen community capacities in 30 health catchment areas in six districts (COPE II). Appendix 2 provides an overview of the grants for COPE I and COPE II.

THE DISPLACED CHILDREN AND ORPHANS FUND

DCOF was established in 1989 by an act of the United States Congress and is administered by the Office of Health and Nutrition of USAID. DCOF is supported by the Displaced Children and Orphans Fund and War Victims Fund Project of TvT Associates. DCOF focuses on issues of loss and displacement among three groups of children in the developing world: unaccompanied children affected by armed conflict, street children, and children orphaned by AIDS.

The team DCOF sent to review COPE in October 1996 consisted of Jill Donahue, microenterprise and community participation specialist, and John Williamson, senior technical advisor to DCOF. The same team visited the country January 16-February 1, 1998, to review with COPE's staff and the country director of SC-US the approaches being used under the new grant. The team gave particular attention to the potential relevance to other countries of COPE's community mobilization approach, with a view toward identifying activities that might be taken to scale in Malawi or elsewhere. This report presents their observations and recommendations. The team's scope of work is included as Appendix 3 and their itinerary as Appendix 4. Following its work in Malawi as part of the same scope of work, the team carried out a brief visit to the DCOF-funded Project Concern International project for Orphans and Other Vulnerable Children in Zambia.

OBSERVATIONS ON COPE

Community ownership is the key difference between COPE's initial efforts in Mangochi and its current approach, and this is the key to the potential sustainability of the community action generated. The community residents who participated in the initial COPE program in the Mangochi town area essentially saw themselves as volunteers in activities COPE had initiated. In Namwera, however, at both the area and village levels, participants in the sensitization and training workshops initiated by COPE have assumed responsibility for addressing problems caused by AIDS. The action that they plan and carry out is their own.

VAC members recognize that they are already dealing with the impacts of AIDS in their families and communities and that they can be more effective if they work together. The sense of responsibility and ownership that comes with this understanding is the starting point for sustainable community-based action. The motivation that helps energize their activities comes from a variety of sources: compassion, religious commitment, and a recognition by many that unless they support each other while they are able, they will have no one to depend on if their own families some day need help.

It must be recognized, however, that the community-owned and -managed responses being mobilized through the District, Community, and Village AIDS Committee structure are not a "package" that can be replicated and expanded just by increasing the resources dedicated to it. It is a process of empowerment that must develop from a sense of responsibility for addressing the problem and a sense of ownership of the response. Outsiders can help catalyze this process in a somewhat systematic way, but neither they nor their funders will be able to dictate which specific actions that groups eventually decide to take.

The families and communities most affected by HIV/AIDS will struggle to cope with the effects of the epidemic whether outsiders provide support or not. The fundamental strategy of those who intervene, therefore, has to be to improve the capacity of families, communities, and affected children to meet their own needs. A program, like COPE is needed to sensitize, mobilize and build capacity, but the activities that result will be those that community groups decide to carry out. The impacts of these efforts should be measurable, but specific actions and outcomes will be difficult to predict. This requires flexibility on the part of funders and the organizations that mobilize community action. The table that follows provides a statistical overview of accomplishments in Namwera during the first three months of activity by the VACs.

Statistical Overview of Community Accomplishments in Namwera January - March 1997

Activity	Accomplishments	Results	Remarks
Community mobilization	VACs organized	16	
	Active VAC members	229	
	Members of NACC and its 4 technical sub-committees	20	
Identification, monitoring, assistance, and protection of orphans and other vulnerable children	Orphans identified by VACs	1,201	534 girls; 6,678 boys includes children under age five
	Orphans found not attending school	618	
	Orphans returned to school by VACs	179	
	Orphans provided material assistance by NACC and VACs	97	
Home-based care (HBC)	HBC patients identified by VACs	278	191 women, 87 men Training of care givers had begun recently
	NACC HBC Technical Subcommittee members trained	7	
	Village-based HBC trainers trained	92	
	Institution-based HBC trainers trained	10	
	Care givers trained by village-based HBC trainers	48	
	HBC patients provided with material assistance by VACs	56	
Community fund raising	Funds raised by VACs	MK 4,084 (US\$273)	Partial, figures not available from all VACs
Agricultural assistance	Orphans' guardians receiving agricultural inputs and technical advice through the VACs	65	In 15 of 16 villages
Youth clubs	Youth clubs formed	11	Each club has at least 10 members
	Members of youth clubs	110+	
	Adults actively involved with youth clubs	115	
Structured recreation activities	Villages in which SRAs have been organized	11	
	Adults actively involved in organizing SRAs	115	
	Youth actively involved in organizing in SRAs	110	

COPE STAFF STRUCTURE

When COPE shifted its approach and began to work in Namwera, the staff was reduced from 20 to nine members. The remaining staff included the program manager, six community mobilizers supervised by an area mobilizer, and a driver. The structure shifted again under the current grant, with a program manager, three area mobilizers (who work at district, area, and village levels), three economic opportunity promoters (who work at the same levels), a home-based care/psychosocial trainer (this position is not currently filled), and a driver. Appendix 5 includes the job descriptions of the area mobilizers and economic opportunity promoters.

DISTRICT AIDS COORDINATING COMMITTEES

Although COPE worked with the Mangochi District AIDS Coordinating Committee (DACC) under its first grant, its primary efforts were at the area and village levels and focused on mobilizing NACC and, through it, VACs. Under the current grant, COPE is starting at the district level-- reviving, sensitizing and mobilizing DACCs. The team met with the Dedza DACC, but COPE's efforts were still at an early stage. In Mangochi individual meetings were held with the District Social Welfare Officer and the District AIDS Coordinator.

Mobilization at the district level is likely to be more difficult than at the area and village levels because the geographic scope of responsibility is much larger, members are further removed from problems, and ownership and a sense of responsibility may be difficult to achieve in the face of extensive needs. Also, distances to reach affected villages are large, and transportation is often problematic. The degree of success COPE can achieve in mobilizing effective DACCs may be the most important test of whether this model can be implemented effectively at scale. It will be important to involve religious leaders, NGOs, and business people to help energize DACCs that otherwise consist of government employees with large responsibilities and very limited resources.

THE NAMWERA AIDS COORDINATING COMMITTEE

The Namwera AIDS Coordinating Committee is impressive. It brings together talented and committed government health, community development, and education personnel; business people; and representatives of religious groups. Members expressed a variety of reasons for their participation, but they all recognize that they can more effectively respond to their particular concerns about the impacts of AIDS by working together. The government members have been particularly important to NACC. They bring valuable knowledge and skills to the group. Also, since their work responsibilities overlap with NACC activities, they are at least partially

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compensated for their participation, which means they can commit more time to NACC efforts than if they were involved only on a volunteer basis.

NACC has been successful in continuing to mobilize VACs even without the support of COPE and is playing a linking role between the District and Village AIDS Committees. NACC has also supported the efforts of VACs to return orphans to school by helping monitor student progress and reporting back to VACs. NACC is chaired by an Italian nun who has worked for many years in Namwera, and she helped NACC secure funds from Italy to construct a child care center in Namwera town.

The relationships among the DACC, NACC, and VACs appeared healthy and non-hierarchical. The relationship of NACC to the VACs visited appeared to be supportive rather than supervisory. At both the area and village levels, committee members appear to have a sense of responsibility for addressing village problems that is not contingent on someone else's authority. NACC has secured food, school supplies, and clothing through the DACC and passed these on to VACs. NACC members expressed appreciation for the material and technical support they have received from the DACC, but they also said that they should not be dependent on DACC.

To increase their capacity for independent action NACC has carried out several fund raising activities. On the anniversary of their establishment, NACC organized a raffle of items donated by local merchants. Members also make monthly contributions, and they have also organized dances to raise funds. The degree of ownership of HIV/AIDS-related problems and of responsibility for taking action that the NACC and VACs have shown is encouraging because it is essential to the potential sustainability of this approach.

Transportation difficulties are a problem for NACC members as they try to work with the VACs. COPE provided six bicycles, which has helped, but members expressed the need for a motorcycle. Difficulties with transport was a problem frequently raised at both district and area levels.

The level of activity has varied among NACC's four technical subcommittees. The Youth Subcommittee has organized soccer, netball, and bao (a traditional game). It also organized a volleyball competition among the VACs. Anti-AIDS messages have been conveyed through drama groups and at dances. Members of the Youth Subcommittee range in age from 10 to 30, and most are orphans.

The Orphans Sub-committee met with a group of adult guardians caring for orphans and encouraged them to send the orphans in their care to school. Of 217 students who returned to school, 161 continued through the entire school year. Through the VACs, NACC has also provided material support to orphans and their guardians.

The High Risk Subcommittee has identified a variety of groups as being of particular concern: leaders of traditional initiations (which involve cutting the skin of initiates), the unemployed,

businessmen, police, restaurant owners, truck drivers, and bar girls. At the village level, the Subcommittee is also concerned about beer brewers, widows and others without family support, orphans, better-off farmers, and those who trade sex for money or gifts. The High Risk Subcommittee has also used drama groups and dances to convey HIV/AIDS information. Members believe their efforts have led to increased use of the local health center for treatment of sexually transmitted diseases.

The Home-based Care Subcommittee appeared to have been less active than the others. It has tried to coordinate with the program of the Episcopal Conference of Malawi, but the local staff member of that program caused problems and eventually was dismissed.

VILLAGE AIDS COMMITTEES

Each VAC decides what problems it will address and which approaches it will use. The most active members have been chiefs and their counselors, Muslim religious leaders, clan heads, and families caring for orphans. The initial training, follow-up visits, and, in some cases, exchange visits inform members about the range of possible activities. Each VAC also decides who the most vulnerable individuals are in the village, using its own criteria. This autonomy is essential to the VACs' continued sense of ownership and responsibility, because their action is based on their own priorities, not those set by an outside body.

Activities carried out by VACs include:

- identifying and monitoring orphans and other vulnerable individuals
- intervening with guardians and schools to return orphans to school
- community fund raising
- providing material assistance to orphans and home-based care patients
- training care givers in home-based care
- developing community gardens
- forming youth anti-AIDS clubs
- organizing structured recreation activities for children.

All of the VACs have raised money to enable them to provide limited material assistance to orphans and their guardians, home-based care patients, and/or isolated elderly people. Most collect monthly contributions from members. Some have benefitted from collections at a village mosque, and some have had video shows. One held a very successful Big Walk. As recommended in the team's 1996 report, fund raising activities have several advantages over ongoing income-generating projects. First, they do not require the ongoing commitment of time of running a business, and, thus, do not divert a group from its primary objective of assisting vulnerable community members. Second, group income-generating activities generally have a high failure rate.

The VACs that the team visited were having mixed results with community gardens. The first appeared quite successful and had received inputs from COPE through NACC as well as from the Ministry of Agriculture's extension agent. The chief had made land available, and the majority of village residents had participated in clearing and cultivating. This VAC had approached its role as mobilizing the village and had regular public meetings during which it reported its activities to the community. The members of the other two VACs had not involved other village residents and were trying, without much success to produce vegetables that could be given to orphans.

The difference in approach between the first and the other two VACs highlights an important lesson. The first VAC saw its role as mobilizing the community, while the others appeared to be trying to do all the work themselves. The first operated in a very transparent way, regularly reporting what assistance had been provided. Many people in this village, including some of the orphans, had been involved in responding to needs. Not only was the impact greater, but the prospects were better for sustaining over time efforts to assist vulnerable village residents. COPE should ensure that VACs receive training in how to mobilize other community members.

LINKAGES

Collaboration is essential among NGOs and Government ministries to address effectively the impacts of HIV/AIDS. The problems in Malawi are too extensive for any single body to have much impact unilaterally, and the country's HIV/AIDS-related health, development, child welfare, and care issues are so intertwined that integrated action is essential. Since it began, COPE staff have worked actively to link their activities with those of other organizations and ministries as well as encouraging private sector involvement, and there are additional opportunities that they can pursue.

There are untapped opportunities to link COPE with other components of the SC-US country program. SC-US' Village-based Schools program has enabled more than 9,000 children to attend primary school, and returning orphans to school has been a major concern of the VACs. SC-US' other efforts to improve school-based health and nutrition could also be used to reinforce efforts of VACs. Home-based care and youth club activities of VACs could be strengthened through SC-US's Community Health Partnerships program, which includes prevention of HIV and sexually transmitted diseases, improvement of water and sanitation, and other primary health care services.

COPE personnel expressed interest in training other NGOs in COPE's approach to community mobilization. Such an initiative could significantly accelerate Malawi's ability to address at scale the needs of vulnerable children and families.

The Malawi Social Action Fund (MASAF) has provided some US\$42 million over a 22-month period to support community infrastructure projects throughout the country, and planning is under way for the use of additional funds. MASAF field officers have participated in Training for

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Transformation workshops, which reflects a shared orientation to community mobilization with COPE staff. COPE can inform VACs about how to seek MASAF support and may be able to identify other ways to collaborate with that program.

A few months prior to the team's visit, the World Bank conducted a study in Malawi to identify ways to increase the effectiveness of the country's responses to HIV/AIDS. The draft report of the study, which the team was able to review, notes the importance of mobilizing communities to provide care for people living with AIDS. The team was concerned, however, that the draft report called for providing incentives to maintain volunteer commitment, because inappropriate use of cash incentives could undermine the sustainability of care efforts. COPE's experience with community mobilization is potentially relevant to the consideration of how World Bank funds can best be used to support home-based care. During the team's visit, Mr. Stanley Phiri, manager of the COPE program, was asked to chair the follow-up group working on recommendations concerning care. COPE should maintain links with this initiative to share what it has learned and to advocate attention to the needs of orphans and others affected by HIV/AIDS.

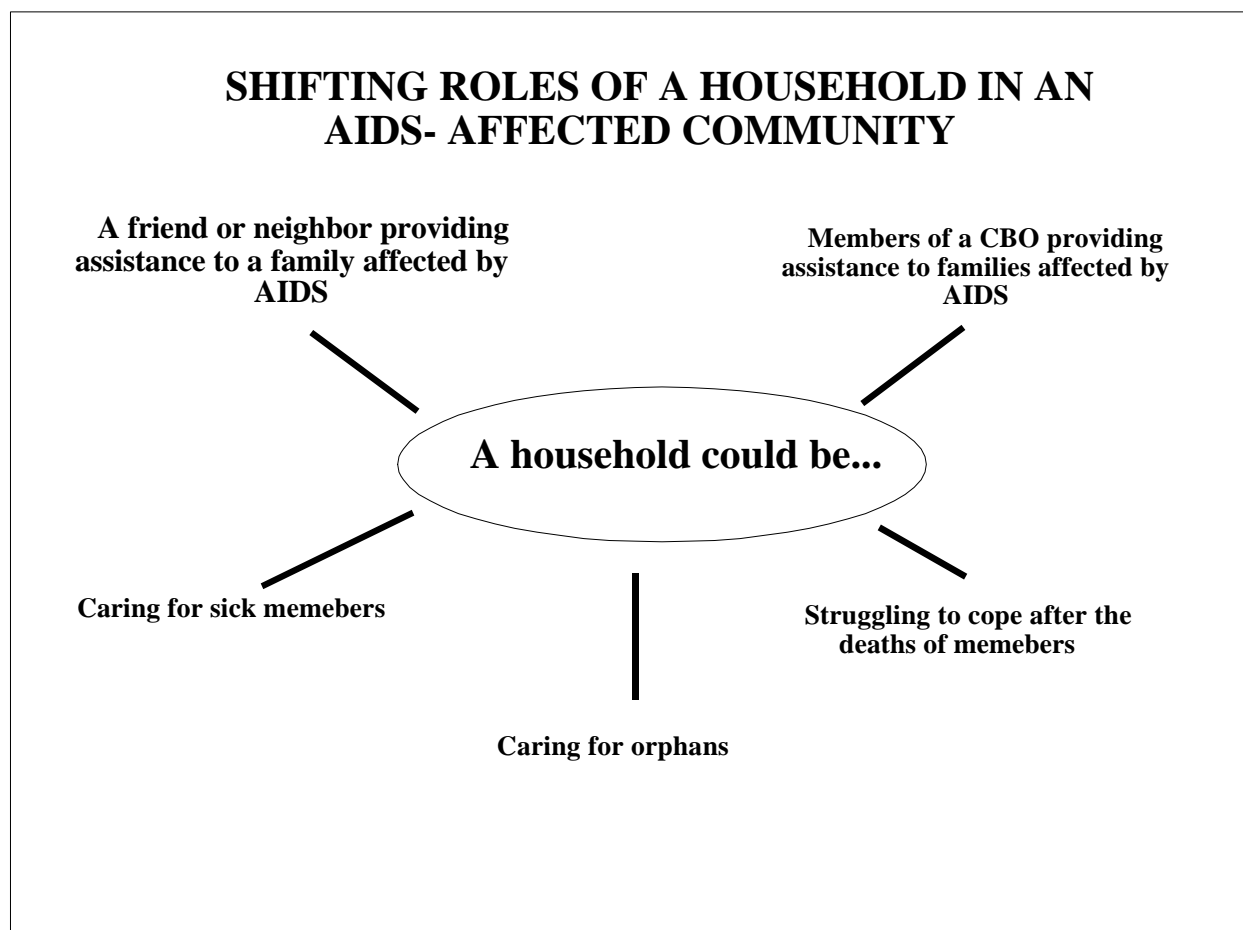
Although VACs are addressing home-based care for people living with AIDS, concern about orphans has been the primary catalyst for their action. The team did not have the opportunity to review the home-based care activities supported by COPE. It did, however, meet with a representative of the Episcopal Conference of Malawi (ECM), which has a well-developed program to promote and support home-based care. Countrywide, this program had seven coordinators (and one vacant position) and 441 volunteers at the time of the visit. It is not only targeting members of the Catholic faith community; about two-thirds of the clients are Muslims. COPE may be able to reduce some of the effort it would otherwise put into training for home-based care by collaborating with the ECM program.

BUILDING FAMILY AND COMMUNITY ECONOMIC CAPACITY

AIDS causes severe economic stress in many households, and many try to cope by turning to self-employment and income generating activities. The economic impacts of the epidemic are felt as parents become care givers for sick family members, become sick themselves, or take in orphaned children. The status of those already living in poverty is precarious because the decline from simply being poor to destitution can be frighteningly quick. In Namwera, VACs were alarmed by the number of families in the district having trouble finding enough food to eat. Children in these households were reported to be malnourished, poorly clothed and often not in school. By raising funds and planting community gardens VACs have been able to create a modest safety net for those they consider to be the most vulnerable.

Experience has shown that when households' resources erode, the strength of the community's safety net is undermined. For example, a study of the rural food economy conducted by British Save the Children Fund in March, 1996, in Malawi's Machinji and Salima Districts found that in times of severe economic stress (in this case, a drought) the poorest families in a community usually obtain some help from their relatively better-off neighbors. However, as the resources of better-off families decline, sources of assistance for the poorest households begin to dry up. The COPE staff is seeing this pattern repeat itself as the impact of the epidemic intensifies in the areas where they are working.

As the following diagram shows, households in an AIDS-affected community may play any of several roles over time. Awareness of this reality motivates many people to become involved in VAC activities. Several community members explained their participation by saying, "I am involved because if I don't help others now, who will take care of my children or help me when I need assistance?" The creation and maintenance of a community-based safety net depends on the ability of VACs to sustain the participation of their members. Ensuring that ability in turn depends on the economic stability of the community.



PROMOTING ECONOMIC STABILITY

Building community systems for home-based care and creating strategies for individuals and families to cope with the impact of HIV/AIDS is as urgent as preventing the spread of HIV. The adequacy and quality of care for children orphaned by HIV/AIDS depend on the economic stability of the guardian household. In addition, community-based organizations depend on intermittent income earning activities and donations to finance their efforts to assist families and children in need. The ability of VACs to sustain their activities depends upon a degree of economic stability at household and community levels. The villages most vulnerable to the impacts of AIDS are already poor, but if AIDS pushes too many people from poverty into destitution, their needs will overwhelm VACs as well as eroding their capacity to raise funds to provide support.

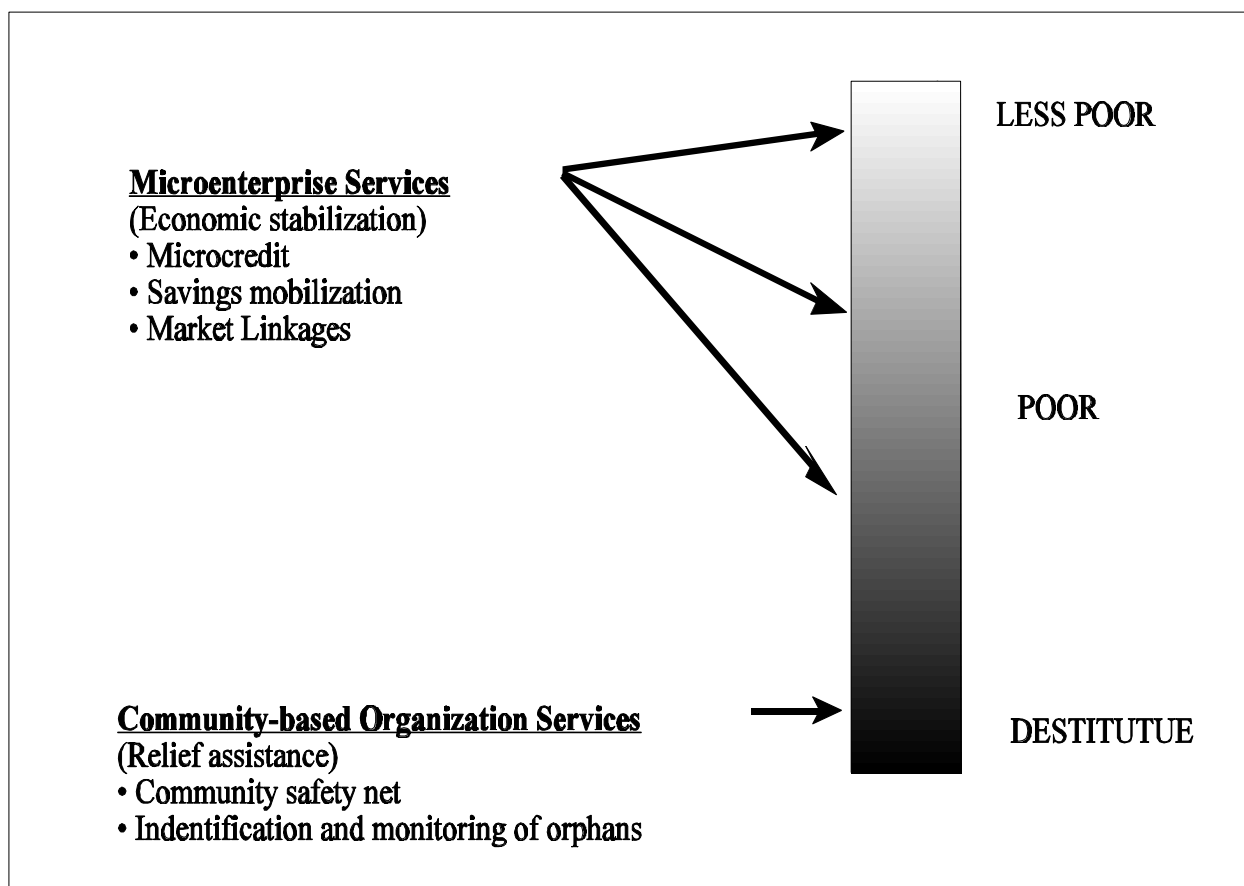
In the context of community-based responses to mitigate the impact of HIV/AIDS, it is necessary to consider the economic stability of the entire community. But, maintaining economic stability is beyond the capacity of what COPE or DACC-CAC-VAC systems can or should try to accomplish

because their strengths are in community mobilization and dealing with the effects of AIDS. An effective microenterprise service, however, can help stabilize household incomes, reduce the number sliding into destitution, and increase the ability of poor and less poor households to continue helping those who are more vulnerable. Two ways to mitigate the impacts of HIV/AIDS are:

- **To create a community safety net** by building the VACs' capacity to create their own funding resources as they take action to mitigate the consequences of HIV/AIDS in their community.
- **To provide microenterprise services for individuals** to strengthen or stabilize economic activities that enable families and households to shore up resources needed to prevent a decline into destitution.

As suggested in the diagram below, appropriate microenterprise services aimed at economic stabilization, coupled with VAC safety net assistance, can be complimentary by addressing the needs of households at different economic levels within a village.

Directing Services to Reduce Economic Vulnerability



There are degrees of economic vulnerability among households even within poor communities, and their situation may change over time. A household could become poor, slide directly into destitution, or maintain its status, depending on the human and material resources to which it has access when a crisis hits. However, if too many families slide into destitution, the community's ability to assist them will be overwhelmed. Minimizing the number of households that slide into destitution will improve the chances that the safety net provided by a community-based organization will hold. Helping households maintain their livelihoods will slow the decline from poor to poorest—hopefully preventing a final slide into destitution. The timing of such support may be what ultimately determines whether it is effective. Reaching poor families before they are hit by the worst effects of HIV/AIDS, may slow their economic descent and buy them time to devise coping strategies.

OBJECTIVES OF INCOME-GENERATING ACTIVITIES

Promoting income-generating projects is a key tool for achieving economic stability at both the household and community-based organization (CBO) levels. However, the term “income generation project” is used indiscriminately to describe a variety of activities, which in reality, are quite different from one another in their design and technical assistance needs. As the table below indicates, analyzing how the proceeds are used helps differentiate these activities.

Types of Income-generating Activities

Level	Activity
Individual	Training, advice, cash or credit are provided directly to individuals so they can engage in business or income-earning activities and thus adequately cope with the impact of HIV/AIDS and provide for the children and orphans in their care. In some cases the businesses are group or communally managed. However, returns from the activity are used directly by the individual members of the group.
Community-based organization	Communally supervised or managed on-going businesses or intermittent income-earning activities is used to finance the groups' interventions or community development activities. In some cases proceeds from activities may be used as incentives for volunteers, but the ultimate purpose is to maintain them as productive members of the organization.

Building CBO financial resources through income-generating activities, if successful, can enhance its ability to create a community safety net for destitute households. It does not, however, improve the ability of poor households to shore up their own resources to mitigate the impacts of HIV/AIDS. Unless the income-generating activities of households are stabilized, the number of poor households sliding into destitution could very easily overwhelm the capacity of the community safety net created by the CBO. Focusing only on strengthening the economic resources of CBOs is insufficient to deal effectively with the consequences of HIV/AIDS.

Building VAC Funding Capacity

NACC and the VACs that COPE has helped to mobilize have relied on fund raising schemes (for example, raffles, big walks and private donations) to fund their activities. Unfortunately, the kind of pressure experienced by households affected by AIDS can eventually overwhelm these modest fund raising efforts.

In light of this reality, it would be tempting to turn to micro- or small businesses to increase the

resources available to VACs. Such projects can range from those requiring significant capital investment and high quality production and management skills (for example, hammer mill operation) to those needing only working capital and minimal management skills (for example, petty trading, scone making). However, group businesses are notoriously risky endeavors that typically have enormous difficulties generating significant profit, particularly when they are recommended to people without experience in the type of business promoted. Another drawback to this approach is that the time and effort necessary to make a group business successful can divert a CBO from its original purpose.

A better approach is to develop the capacities of DACCs, CACs, and VACs to tap external resources. This strategy should be continually evolving so groups avoid depending on or competing for one type of fund raising activity or a particular donor. The private sector in particular should be closely examined to identify mechanisms groups can connect with through donations or through their own fund raising efforts.

COPE could advocate that UNICEF and other potential donor organizations establish mechanisms to provide funds and technical support to DACCs, CACs, and VACs. It should also prepare committees to avoid the pitfalls of becoming completely dependent on donor funding. Too much emphasis on outside funding can undermine community ownership of problems and responsibility for action. The pursuit of outside funding can become an end in itself, and the availability of outside funds can attract to CBOs participants whose personal objectives have more to do with gaining access to resources than assisting those in need. Another risk is that when a CBO scales up its activities and becomes dependent on external funding, it can collapse if funding is not continued indefinitely. Since the community-level impacts of HIV/AIDS are long-term, short-term funding should be used primarily to build the capacity of CBOs rather than to provide services. The payment of salaries or incentives is particularly dangerous if it cannot be sustained. Once participants receive payment for activities, it is unlikely that they will continue them on a voluntary basis if funding stops.

Providing Microenterprise Services to Individuals

Five areas of microenterprise services appear to be effective tools in strengthening the economic resources of poor families:

- Microcredit
- Savings mobilization
- Market linkages
- Linkage to agricultural inputs
- Apprenticeships.

Microcredit

Although microcredit is unlikely to produce major economic gains for poor households, relatively modest gains can make important contributions to household survival and well-being. Loan size should be kept small to attract poor households which typically engage in short-term, rapid turnover trading activities. These are the types of livelihood strategies that, if strengthened, are most closely associated with increased household food security and improved well-being of children. Access to credit and savings also enables households to even out their incomes over time and build assets that can serve as insurance in emergencies.

Microcredit projects can also have positive, indirect effects on community safety nets. People who join solidarity groups must vouch for each other to create moral collateral so they can all gain access to credit and/or savings facilities. Participants are responsible individually and as a group for repayments, but over time, this mutual responsibility often spills over into other aspects of daily life. Microcredit groups sometimes become CBOs that engage in broader community development activities. Also, as the personal situation of participants improves, they are better able to help more vulnerable community members.

Perhaps most significantly, microcredit projects are one of the few interventions that strengthen income generation that have the potential of long term sustainability. One of the most effective ways for such projects to achieve operational and financial self-sufficiency is to increase in size, because more volume means economies of scale and reduced transaction costs per loan. Both the sustainability and the built-in need for scaling-up are critical features in creating strategies that can truly strengthen economic resources of HIV/AIDS affected communities.

It is also essential to recognize that microcredit is extremely challenging to implement successfully. Injecting externally supplied capital into communities that receive mixed messages and weak guidance about their responsibilities towards repayment is no better than providing free handouts. Several organizations in Malawi previously involved in credit delivery have decided they cannot adequately manage the operational challenges.³ But because they acknowledge and value the valuable role that credit can play, several are handing over the responsibility of loan delivery and recovery to bodies that specialize in microcredit.

In order to attain operational and financial sustainability, it is of utmost importance that credit be delivered by specialized microcredit institutions that are committed to state-of-the-art operational practices and credit delivery methodology as defined by the microfinance industry. Aiming for anything less than the highest standards in a microcredit program is a grave disservice to the intended beneficiaries. Providing a financial service that is subsidized conditions participants to operating on soft money. Experience has shown that such credit can only be sustained at great expense. Once the soft money is withdrawn, the business is no longer able to survive in the market environment where other businesses operate. Similarly, accepting a low repayment rate sends the message that the credit does not really need to be paid back. Once one person defaults,

others wonder why they should bother repaying. Eventually, these defaults eat away at loan capital until nothing is left.

MICROCREDIT IN AIDS-AFFECTED AREAS

Some specialists involved with developing microcredit initiatives have taken the position that communities seriously affected by AIDS are not likely to be acceptable risks for the provision of credit. Experience suggests otherwise. In Uganda FINCA's village banking program started in 1992 with USAID health funding and some DCOF funds. The program has worked well in communities seriously affected by HIV/AIDS. Its repayment rate is 99 percent, and a recent inquiry found that 75 percent of the participants are caring for orphans. FINCA operates in parts of Malawi's Southern Region which have been seriously affected by AIDS, yet its program has grown even faster than the one in Uganda and has the same repayment rate. Also, many of the women participating in the Economic Opportunities Program (microcredit) of Malawi's Ministry of Women, Youth, and Community Services are caring for orphans.

Possible Microcredit Linkages The first phase of COPE included a microcredit component called Group Guaranteed Lending and Savings (GGLS). However, it became clear that to make this activity successful SCF-US would have to invest significant resources to continue and expand it— at the expense of the other COPE activities. SCF-US made a strategic decision to drop the GGLS component of COPE and instead to link communities that establish VACs with existing credit institutions.

There are two options to ensure that communities involved with COPE can obtain access to microcredit. One is to link to institutions already operating in the same districts covered by COPE. The other is to negotiate with the Foundation for International Community Assistance (FINCA), which is planning an expansion to the Central Region, but has not yet secured adequate funding to do so. Whichever organization(s) COPE decides to partner with should have an approach tailored to reach deeply into the poorest segment of the population. In the microfinance field, loan size is the key tool. Evaluations have shown that the smaller the loan size, the poorer the clientele.

The table below provides information on microfinance programs in Malawi that are providing small loans, and the paragraphs that follow present considerations regarding possible microfinance partners for COPE.

Selected Microfinance Programs in Malawi

Program	Geographic Coverage (District/sub-district)	Range of Loan Size (in Malawi Kwacha)
Ministry of Women, Youth, and Community Services' (MOWYCS) Economic Activities Program (funded by GTZ)*	Mangochi, Nkhatakota, Rhumpi	1,500 entry loan, can go up to 3,000 in the second cycle. 10,000 max
The Mudzi scheme (under the Ministry of Agriculture, operated by the Malawi Rural Finance Company)	Business loans: Blantyre, Zomba, Mwanza, Thyolo, Mulanje, Chikwawa, Nsanje, Chiradzulu, Phalombe, Machinga, Mangochi, Salima, Nkhota Kota, Dedza, Rumphi Seasonal loans: all districts	12,750 maximum, no minimum
Development of Malawi Trust (DEMAT--funded by the United Nations Development Program and the United Nations Capital Development Fund)	Nkhata Bay, Machinji, Dedza, Nsanje, Mangochi, Thylo	500 minimum, 7,500 maximum in the first loan cycle
Women's World Banking	All districts	Needs to be verified. According to control sheet report, loan amounts per beneficiary varied from 200 to 250,000 kwacha.
FINCA	Blantyre and Zomba	1,000 entry; 1,200 after two consecutive successful cycles. Base loan plus savings after that.

* MOWYCS will be implementing its Economic Activities Program in eight districts. Only five are listed here.

FINCA appears to be the healthiest microcredit project in Malawi. Repayment rates exceed 99 percent, and plans are underway to expand. Although FINCA does not offer demand deposit savings services, it does require that all groups save. Savings act as collateral but are also meant to build up over three years to form the group's own loan capital. Group savings are kept in a separate account from repayments and are under the group's name. Individual members may borrow against their savings but must make their case to their group, and the group decides on an interest rate and loan terms. FINCA's own agents handle the process of group formation, training and follow-up.

The downside is that FINCA is not yet in the same districts as COPE. However, when the team spoke to the resident advisor for FINCA, he expressed interest in establishing a partnership and said he was willing to explore how COPE and FINCA could negotiate geographic areas where the groups might overlap. FINCA might be able to expand northward into Mangochi District from an

office in Zomba. Another possibility is for COPE to reconsider the districts and areas in which it will work during the second phase of the current grant. It may also be possible for DCOF to provide funding to enable FINCA to expand to a district (or districts) where COPE is operating. It would have to be determined whether DCOF could provide the level of funding FINCA would require or if FINCA could obtain additional funds from other sources. From a USAID management perspective, one complicating factor is that, while COPE is placed under the mission's strategic objective for health (SO 2), the FINCA program is addressing the mission's strategic objective for democracy and governance (SO 5).

The Malawi Rural Finance Company (MRFC) has wide geographic coverage, offers loan products attractive to poor households organized in solidarity groups, and accepts a group moral guarantee in lieu of collateral. NGOs such as Plan International and World Vision have approached MRFC with the intention of linking their beneficiaries to MRFC financial services. Both the Ministry of Agriculture (MOA) and MOWYCS have linked with MRFC and negotiated loan products that would be attractive to the clientele of the Ministries. They have handed over the credit delivery and loan collection duties of the Mudzi Fund and Promotion of Microenterprises for Rural Women projects, respectively, to MRFC.

MRFC's approach is to train staff of a linking agency in the policies and procedures for group formation. The linking agency covers the expenses of its staff to participate in the training, and MRFC provides the training design, trainers, and venue. When the linking agency staff have formed groups, MRFC conducts an evaluation of the groups to verify that they have been adequately trained. If so, MRFC begins lending. The linking agency staff continues working with the groups according to the priorities of their particular organization's mandate. MRFC credit agents are responsible for all repayment functions and administrative duties.

It is entirely possible that the Community Development Assistants (CDAs) who work or will work with the MOWYCS Economic Activity Project (EAP) and the field agents of MOA overlap in some of the villages where there are VACs.⁴ COPE could (a) inform MOWYCS staff at the ministry level where CACs and VACs are located; (b) ask that CDAs be mandated to collaborate with members of these committees and with COPE staff; and © negotiate with the ministries to include these areas as they implement EAP activities.

If COPE were to decide to collaborate with MRFC, it should arrange for its Economic Opportunity Promoters (EOPs) and for CAC and VAC representatives to participate in the MRFC training, to enable them to support the ministry extension agents and the credit groups that are formed. The government extension agents would carry out the actual group formation. Since COPE's EOPs have all had experience in different credit organizations, it would be important for them to be trained in MRFC's procedures.

The criteria MOWYCS established for membership in its EAP credit groups target vulnerable households that COPE seeks to benefit. Members of the EAP groups cannot be earning formal

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sector wages and must meet at least two of the following criteria:

- be caring for orphans
- have had no food security over the previous 12 months
- head of single parent household
- engage in piece work for income.

The down side of linking to MRFC has to do with its institutional capacity. It is entirely owned by the Government, and the MOA subsidizes the operational costs of administering its Mudzi scheme. In addition, the Mudzi scheme is due to end in 2001, with no assurances that the Government will continue footing the bill. Its 87.5 percent loan repayment rate is well below the 95 percent minimum recommended by the microfinance industry.

When the team interviewed MRFC staff, an intensive review was taking place. As part of the review, many changes in credit delivery methodology and loan products were being considered. For instance, the products most attractive to poor households are those that were negotiated with MOA and MOWYCS. MRFC's loan product requires a 15-20 percent cash deposit as collateral. It was unclear whether the MOA and MOWYCS products would be made available over the long run. It also appeared that MRFC staff would no longer go out to the loan groups to collect repayments. Instead, the groups would be expected to come to the MRFC sub-offices. Although there are many sub-offices, they may not be convenient for all the COPE communities.

The United Nations Capital Development Fund (UNCDF) is preparing its strategy to improve access to financial services in Malawi. Among the approaches being considered is building the capacity of existing financial institutions and developing better savings facilities for the rural population. To this end, UNCDF is inviting a team from Kenya Rural Enterprise Project (KREP) to conduct institutional assessments of microcredit projects. KREP is Africa's best known and most mature microfinance institution that is not a credit union. COPE staff should keep in touch with UNCDF to find out when the assessment will take place and what recommendations are made to gain further insight into potential partnerships with microcredit projects. They should also explain to the KREP team the conceptual framework behind COPE's economic opportunity promotion strategy and request their feedback.

SEDOM operates a microfinance program, but the team was unable to meet with its representatives. COPE should explore the potential applicability of this program to the communities where it is working.

Savings Mobilization

Making credit available to poor households works best in areas where there is a concentration of year-round business activity. This poses an obvious problem for more remote rural areas that lack ready access to market centers. Rural households dependent on seasonal agricultural production

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ordinarily rely on in-kind savings as resources throughout the year. These in-kind savings usually take the form of livestock or maize for later resale. Many households also save cash. For households in remote areas, savings schemes or savings-led credit initiatives are more important than credit alone.

The mission's team for the strategic objective of raising rural incomes (SO 1) intends to investigate the promotion of rural finance, as does UNCDF. COPE should follow up both of these initiatives. At present, however, formal savings opportunities for the rural population are very limited. The post office system seems to have declined. FINCA has stopped using the post office for its village banking groups' savings accounts. Credit unions seemed to be stagnant and not particularly attractive places to save money.

To provide an alternative, COPE's EOPs could introduce the rotating savings and credit association (ROSCA) concept. ROSCAs exist in one form or another all over the world. In Africa, they go by various names: "tontine" in Francophone countries, "susu" in Ghana, "merry-go-round" in Kenya, "chilemba" in Zambia, and "stockveldt" in South Africa. ROSCAs are informal and traditional methods for both rich and poor to mobilize savings. In a ROSCA, a group of friends (any number) agree on an amount of money each will save over a specific period of time. Each member gives her or his share to a treasurer, who holds the money for safekeeping. At the end of the period the cumulative savings rotates to one member to use as she or he chooses. The treasurer can be in or outside the group but must be someone who has the group's trust.

ROSCAs are based completely on internal resources, therefore not dependent on someone building a rural bank or supplying outside funds. Because the system is based on relationships of trust among people who know each other, there is no need for outside monitoring, and the social dynamics provide powerful motive to respect the rules of the ROSCA. Group members who do not fulfill their obligations suffer the consequences, including potential loss of reputation among their peers. In the context of AIDS impacts, a ROSCA could be set up to serve as insurance against economic crises, with disbursements to members made based on group decisions about members' urgent needs.

Example of a Hypothetical ROSCA

Five friends decide to start a savings club. They decide that each member should give one kwacha per day to the treasurer for safekeeping. Every day, the treasurer receives a total of five kwacha; at the end of the week, the treasurer is holding 35 kwacha. The cumulative savings of 35 kwacha then goes to one group member. The person is chosen randomly, or the group decides who has the most urgent need. This cycle continues every week until each person has received 35 kwacha. Those who have not yet had their turn are motivated to monitor those who receive the 35 kwacha and to keep saving, because they know that their turn will eventually come.

Most people in a poor village would find it difficult to save 35 kwacha in five weeks by themselves. If they did try to keep one kwacha per day at home, there would always be some kind of small emergency that would eat away at the savings. It would be unthinkable to refuse to give what was readily available to an extended family member in need. However, if the money is kept elsewhere, it is possible to refuse, especially if one is duty bound to the group to keep saving.

Market Linkages

Survival businesses intent on meeting their basic household needs are most concerned with increasing the amount of cash they bring in. One way to help them do so is by facilitating better linkages to markets with potential for growth and helping them to avoid those that are saturated. Another is to help them connect with more economical sources of supply. Traditional business training often fails to teach these important external skills, focusing instead on the internal efficiency of the business (for example, accounting).

The COPE EOPs can gather information and identify opportunities for both the VACs and the communities they serve by analyzing market chains (which are also known as vertical supply chains). This requires attention to the network of producers, buyers, and sellers involved in a particular type of business. The analysis traces the steps necessary to transform raw materials into a finished product and to deliver it into the hands of consumers. Relationships between participants in this marketing chain are examined by finding out who buys from whom and who sells to whom. Examining exchanges at each level of the chain reveals the prospects for (or obstacles against) growth. Particular attention is paid to identifying bottlenecks that inhibit the smooth flow from one link in the chain to the next. Most bottlenecks represent opportunities, and interventions that resolve bottlenecks are likely to have a significant impact on improving the efficiency of an entire system.

The team introduced the market chain analysis concept to COPE staff. One team member and the Mangochi EOP experimented with the analysis in the Namwera market. Several bean sellers were

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interviewed to find out where and from whom they bought their beans and then to whom they sold them. One man said that he bought from several farmers and then sold either semi-wholesale or retail. He wanted to be a wholesaler, but he did not know who to approach. If the EOP were to continue gathering information, he could probably find out who sells to the larger markets outside Namwera or Mangochi and then link the bean seller to these intermediaries. The Bean seller could be linked to individual farmers in communities where there are VACs or to those VACs that had beans in their communal gardens. The EOP also thought of linking the bean seller to a NACC member who is also a boarding master responsible for buying food supplies for his school.

The market chain analysis could reveal income-generating opportunities for individuals within a community or fund raising ideas for VACs. It could also uncover employment possibilities for youth clubs.

Linkages to Agricultural Inputs and Advice

The initial COPE program included a component of providing inputs for wetland gardens and was on the whole successful. In the current program, EOPs could identify where there is planting material available for little or no cost and link VAC communities to these sources. Previous recipients of inputs may be willing to sell seedlings to other communities at a modest cost. The MOA field agents may know of various supply possibilities for seeds, or other planting material. The USAID mission's plans to address its SO 1 (increasing rural incomes) includes work with SARNET to research drought resistant crop diversification, especially roots and tubers. The mission's SO 1 team may be a source of information about technical advice and inputs. If a demonstration plot is established, VACs might offer to experiment with some of the varieties in their communal gardens. Other NGOs may be involved in this sort of endeavor or be able to help COPE identify agricultural resources.

Apprenticeships

Linking youth to artisans in the informal system mirrors traditional methods for passing skills from one generation to the next. Artisans benefit from the free labor, and the apprentice gains a skill. Careful consideration of the growth potential of the identified trades is necessary to avoid training young people in businesses without growth potential.

INTEGRATING CARE AND PREVENTION

The team's discussions with COPE staff and with NACC and VAC members highlighted program integration issues that, while relevant to COPE, have implications for increasing the effectiveness of other HIV/AIDS programs as well. Families and communities affected by HIV/AIDS are the front line of response to the impacts of the pandemic, so programs must be designed to make sense within the realities of their lives. The relevance and effectiveness of programs can suffer where their funding, approaches, and expertise separate them into such boxes as: HIV prevention, voluntary testing and counseling, home-based care for people living with AIDS, care and protection of orphans, and income-generating activities. People living with or affected by HIV/AIDS do not segment their lives in this way, and better integration within and among programs can improve the relevance and effectiveness of interventions.

In particular, programs should give greater attention to ways that HIV prevention efforts can be strengthened by integrating them with activities to care for people living with AIDS, orphans, and others made vulnerable by the epidemic. In Malawi and most other countries severely affected by HIV/AIDS, public awareness of how to avoid infection is relatively high, but the apparent contradiction between this awareness and progressive increases in HIV rates is painfully frustrating for those working to stem the pandemic.

Perhaps one reason for the limited impact of prevention campaigns is their emphasis on individual behavior change in a context where most people living in poverty do not feel they can control what happens to them day to day. A sense of fatalism and "surplus powerlessness" tends to develop in which they feel even less able than they really are to affect the conditions of their lives. This undermines commitment to implement prevention messages. However, the sense of empowerment that comes with effective community mobilization reinforces among participants the sense that they can affect the circumstances of their lives. As people realize that they can have an impact on immediate problems, they develop a more hopeful vision of a future for themselves, one that they can take action to build toward. This experience may increase their receptiveness to behavior change measures that will reduce their risk of HIV infection.

In this vein, one of the presenters at the 1997 conference of the Malawi Network for AIDS said, "The assumption that people have the will and power to want to change is linked to loving oneself and others, and hope for the future. In the absence of all these the willpower to change is never there. For people to change they should have hope."⁵ The process of community empowerment

helps build hope and visions of a better future.

Similarly, in one of the main presentations at the 1997 regional HIV/AIDS conference in Abidjan, Dr. Alan Whiteside presented his view that higher levels of social cohesion within a country tend to reduce the rate of HIV's spread. Referring to the reductions in HIV prevalence in Uganda he said, "Many of the HIV and AIDS interventions may have contributed to slowing the epidemic--not because they were about AIDS, but because they were about building civil society and taking responsibility."⁶ Care activities and community empowerment both increase social cohesion.

Another social mechanism through which care may reinforce prevention efforts is by establishing in the personal experience of care providers greater awareness of the cause and effect link between risky behaviors and AIDS. One of the reasons that HIV's spread has been so effective and difficult to stem is the long period between infection and the onset of serious illness. There is no directly observable link between what people are told is risky sexual behavior and the development of AIDS. Becoming involved with the care of people living with or affected by AIDS helps establish this link in the minds of community care providers.

In addition, responding to the difficulties of orphans and widows can motivate community residents to reflect on their own families and may help motivate them to avoid risky behaviors. Community-based care efforts can raise the level of awareness of HIV/AIDS in a community and provide opportunities to convey prevention messages and discuss how HIV is transmitted.

RECOMMENDATIONS

PRIMARY RECOMMENDATIONS

1. COPE staff should explore closer operational links with programs providing microfinance, HIV/AIDS prevention, health and education services, including those of other organizations as well as other SC-US programs.
2. In consultation with SC-US/COPE and USAID Malawi, DCOF should explore providing support for FINCA to extend its program to geographic areas where COPE has or will mobilize Community and Village AIDS Committees.
3. In consultation with FINCA and SC-US/COPE, USAID/Malawi should review plans for the COPE's geographic expansion during the second half of the current grant, with a view toward increasing the geographic overlap between the two programs.
4. SC-US/COPE should explore with the MRFC and SEDOM the possibility and potential benefit to AIDS-affected communities of extending microfinance services into areas where VACs have been or will be established. Depending on these findings, COPE should follow-up with MOWYCS and/or MOA to seek ministry commitment to direct field agents to collaborate with VAC communities.
5. In consultation with USAID/Malawi and potential participating bodies, SC-US/COPE should develop a proposed amendment requesting funds to train other NGOs and government departments in its approach to community mobilization.

COPE OPERATIONS

6. SC-US/COPE should look for opportunities to develop further the skills of its staff and DACC and CAC members in promoting community participation, ownership, and management of problems and responses. Participation in MASAF training may be one such opportunity.
7. SC-US/COPE should develop a clear description of the goals and approaches it expects in

economic opportunity promotion and ensure that these are well understood by all COPE staff. The description should make clear that the objective is to strengthen the economic capacities of poor households, regardless of whether they are directly affected by HIV/AIDS, to prevent their being pushed into destitution and to strengthen the capacities of communities to assist those who have become especially vulnerable. This conceptual framework should also be articulated to DACC, CAC, and VAC members, and to other extension agents and organizations with which COPE works.

8. COPE's Economic Opportunity Promoters and Area Mobilizers should use market chain analysis to gather information on the economic environment in their areas and the opportunities present. Standard business training in internal management skills is less likely to result in increasing incomes and resources for the affected households. They should also identify key informants, people who routinely gather information or who have access to networks of people. Examples include representatives of associations and membership organizations and field agents of development bodies.
9. SC-US/COPE should assess the potential value and explore ways to initiate such financial services as rotating credit and savings associations and emergency loan funds in areas where VACs are functioning. In very rural areas with a low volume of year-round business activities, COPE's Economic Opportunity Promoters should promote savings mobilization schemes rather than microcredit.
10. Over the next year, SC-US/COPE and USAID/Malawi should assess:
 - the adequacy of the current level of staffing in relation to the geographic areas to be covered and
 - the effectiveness of the Economic Opportunity Promoter role to determine how these positions can be used most effectively.
11. SC-US/COPE should advocate with the Ministry of Health for improving access of orphans to immunizations and other primary health care services and sensitize District, Community, and Village AIDS Committees about the importance of promoting such access.
12. SC-US/COPE should ensure VACs receive training in how to mobilize other community members. It should also assess, document, and disseminate to DACCs, CACs, and other concerned bodies information on the factors that contribute to the effectiveness of Village AIDS Committees. Issues that should be given particular attention include whether it is more effective for a VAC to mobilize community responses or for VAC members themselves to assume responsibility for directly addressing the needs of vulnerable individuals; whether greater transparency increases a VAC's effectiveness in mobilizing community action; and the composition of the more effective VACs.

13. SC-US/COPE should carefully assess where transportation constraints among District, Community, and Village AIDS Committees seriously hinder community mobilization and cost-effective ways to address such constraints

INCREASING COLLABORATION

14. SC-US/COPE and USAID/Malawi should collaborate in promoting through the National AIDS Committee and the National Task Force on Orphans greater collaboration among programs engaged in preventing the spread of HIV and those engaged in care for people living with AIDS, orphans, and others made vulnerable by the epidemic.
15. SC-US/COPE should explore ways to collaborate with the home-based care program of the Episcopal Conference of Malawi, with a view toward supporting or strengthening the efforts of VACs.
16. SC-US/COPE should explore whether VACs could access useful resources through MASAF. So far as possible, SC-US/COPE should seek to ensure that such involvement would not distort the purpose of the VACs or undermine their sense of ownership of problems and responses.
17. Within MOWYCS, SC-US/COPE should explore whether:
 - the Women's Department could extend useful training on economic activities and youth counseling centers to areas that have established VACs,
 - the Children's Affairs Department could facilitate the development of more community-based child-care centers by VACs, and
 - the Youth Department could support VAC-initiated youth clubs with training in life skills, access to youth credit schemes, and family life education.

CARE AND PREVENTION

18. SC-US should assist the High Risk Technical Subcommittee of NACC to evaluate the impact of its efforts to reduce the incidence of sexually transmitted diseases.
19. The USAID-funded Horizons Project should consider studying the potential applicability

of COPE's approach in other countries, including the potential impact of care on preventing HIV transmission.

ADVOCACY

20. SC-US/COPE and USAID/Malawi should try to influence NGOs and donors that intend to provide funding for credit schemes directly to community-based organizations to ensure that the lending methodology, credit management systems, and other procedures conform to state-of-the-art practices for the microfinance industry. Not only are poorly conceived income-generating initiatives likely to fail, they can seriously damage the capacity and credibility of the intended beneficiary organizations. Rates of repayment and interest are two measures that need to be brought into line with generally accepted standards of good performance.
21. SC-US/COPE should request that MOWYCS and MOA instruct their field personnel to participate in CACs and to give particular attention to VAC communities.
22. Through its contacts with other child-focused and development bodies, DCOF should raise the international profile OF COPE's approach as a promising way to mitigate the impacts of AIDS on children, families and communities that is potentially cost-effective and sustainable.

APPENDICES

APPENDIX 1

WORKSHOP PROCESS TO FORM AND TRAIN DISTRICT/COMMUNITY/VILLAGE AIDS COMMITTEES

It is very important that training is conducted by Government officials and other members of the District and Community AIDS Committees, with COPE staff only acting as co-facilitators. The COPE staff member will be introduced as a member of the DACC, which in fact he/she is. The preparation for the training, schedule and goal, objectives, process and strategies will have been agreed upon well in advance by all the players involved.

The Goal of the Training/Meeting

The goal of the training session is to begin the mobilization process of communities to respond to the impacts of HIV/AIDS through community-based and -managed options.

Specific Objectives

1. To create awareness of the impacts of HIV/AIDS on children, families, and communities.
2. To enable communities to come up with their own community-based and -managed solutions to address the impacts of the pandemic.
3. To develop and agree on roles of various institutions, organizations, and individuals based in the area (religious organizations and leaders, various denominations and faiths, traditional and political leaders, government extension workers, teachers) in response to the impacts of HIV/AIDS.
4. To form a community coalition to respond to the pandemic in a more coordinated, purposeful, and effective manner.
5. To draw up a plan of action involving all the committed, interested and involved key players for the mobilization of the VACs.

The first step is to agree on the purpose of the meeting or training that has been convened. “Why are we here?” is a typical question. Participants are asked to respond. The facilitator has to ensure that it is not her or him who is answering the questions. She/he must facilitate the responses from the group. What is the goal of this meeting? What are we here to discuss? He/she should indicate that not one individual including those facilitating have all the answers, but as a community in the room there are more ideas. Then he/she should ask the group for examples of problems or issues that have been resolved or mitigated by group efforts as opposed to individual efforts and why and how these worked. Examples can be used using a simple drawing, or if available picture codes, to show why collaboration is more effective than individual effort.

Topics to Be Covered

- Facts about HIV/AIDS, including statistics from the world, country, district and

- area available (discussion sessions included).
- Impacts of HIV/AIDS (discussion)
- Current responses, focusing on community-based and -managed responses (discussion)
- DACC/CAC/VAC/ structure (this could be explained in detail if a group chooses to form a committee-- how the structure functions, its potential, examples of success stories, etc.). Other groups might decide to form committees or coalitions based on a different platform, e.g., religious
- Potential roles of different key players (discussion)
- Developmental needs of children (orphans), including the importance of their psychosocial needs (discussion)

Day One

1. Facts about HIV/AIDS

Information giving, sharing, affirmation, correcting and discussing

The topic of AIDS is discussed -- what it is, what it is not, how it is caused. Misconceptions are teased out and discussed. Statistics/information on the global situation, country situation, district situation and, if available, the area specific situation should be shared and discussed.

The facilitator should use questions and answers from the group to facilitate discussion or learning. Incorrect information, beliefs, and misconceptions must be corrected and discussed with the group immediately as they surface. The correction should be as sensitive as possible (e.g. “We all thought...,” “In fact it has recently been learned that...,” “This is a new area for all of us”). This session is typically for the whole group rather than small groups.

An ice breaker or climate-building exercise will come in handy at this stage.

2. The Impact of HIV/AIDS on Our Communities

The group is broken into smaller groups. The discussion should gravitate toward what the impacts of the pandemic are currently, as we see them in the community. Each group should choose its rapporteur and chairperson. The groups will reconvene in a plenary session to discuss their findings.

This is a topic where some personal experiences and examples could be shared. However the facilitator has to be adept and sensitive not to force people to share and should first assess the comfort levels and then proceed to facilitate sharing because this is a sensitive topic and it is

important that the group members feel comfortable with each other and that the environment and climate-setting exercises promote the goal.

Day Two

1. Collaborative Assessment of Responses to Impacts of HIV/AIDS in the Community

The next step is to do a collaborative assessment of what the responses of the community are to the impacts of the pandemic. The group should be divided into two or three small groups of maximum eight. Each group should choose its own chair and rapporteur/reporter who will report back to the plenary. The plenary will discuss the presentations and give further input regarding the community's responses. The facilitators must ensure that the commonalities or major points/themes are highlighted/pointed out and used to engender more discussion and agreement. There might be points or themes that are not common to all groups but that seem important. These must be discussed to ascertain and agree on their efficacy and if they are germane to the discussion of possible responses by the community.

In this session, groups can also discuss the roles of different players represented and not represented at the meeting.

2. Existing Gaps

The next step is to discuss the existing gaps. Typical lead questions could be: Is what we are doing sufficient. Why not? What is missing? Is there anything else we could do that we are not doing yet?

Day Three

Towards a Response Strategy

The next step is to come up with strategies to fill the gaps, why we believe that these will work better than current responses and why current steps have or have not worked well, if they have potential to work well, and how we intend to strengthen or promote these efforts. This step is extremely important because, once again, the group should come up with the responses because the main idea is to engender ownership and mutual responsibility for the response. The focus at this time will be a community or collaborative response. It is most likely that the idea of a more collaborative coordinated community response will be suggested. This should be pursued, and discussions should revolve around how this would be operationalized and how it would work more efficiently.

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If there was already an existing group response, the discussion should be how to strengthen the response, having identified the gaps or critical obstacles. If the formation of a committee (CAC) is mentioned, it would be beneficial to discuss who would be involved and why, and how they would contribute, and what their role would be. It would also be beneficial to think about who else might be members of the committee and what their possible roles would be. It would then be up to the group to appoint/elect members at that time and include others later. The previous discussion regarding current responses, gaps and potential key player roles should serve as a basis for planning in this regard.

If necessary at this stage, the group would be asked to come up with an initial action plan in light of all the ideas, issues, responses and potential responses discussed. If a CAC was formed, the next phase would be setting up the next meeting where they would follow up their action plan focusing on mobilization of VACs with assistance from the DACC in the initial training/meeting.

APPENDIX 2

OVERVIEW OF DCOF GRANTS FOR COPE I AND II

In October 1994 the Malawi Field Office of Save the Children Federation, Inc., of the United States (SC-US) submitted an unsolicited proposal to DCOF for the initial COPE program. USAID provided funding for COPE I as follows:

Amount:	\$538,000
Period:	July 15, 1995 - July 15, 1997 (extended to September 15, 1997)
Grant number:	612-0249-G-00-5004-00 (initial) 622-G-00-95-00004-0 (revised)

A proposal for COPE II was submitted to DCOF in May 1997. USAID has provided funding for the program as follows:

Amount:	\$750,000
Period:	September 26, 1997- September 30, 2000
Award number:	690-00-97-00291-00

SCOPE OF WORK OF THE DCOF TEAM

The following scope of work will be completed in Malawi and Zambia over the period of January 13 through February 6, 1998, by Jill Donahue and John Williamson. A date for the final report will be coordinated through John Williamson.

The COPE Project is a DCOF-funded activity whose initiatives aim to mitigate the impact of HIV/AIDS. The underlying concept for the project is the mobilization of the community for the purpose of caring for the most vulnerable children and families, particularly those affected by HIV/AIDS. COPE II, the follow-on project is funded for \$750,000 for the period October 1, 1997-September 30, 2000.

The Zambia project, newly funded by DCOF, is just beginning. The project is funded for \$750,000 for the period October 1, 1997-September 30, 1998. Working through Project Concern International Zambia, this NGO has been invited to attend the Malawi workshop to share information and learn about COPE II so that lessons learned might be applied to the Zambia project. After the workshop, the team will visit briefly.

Essential elements of this scope of work for Jill Donahue and John Williamson include:

1. Visit COPE in Namwera (5 hours drive from Lilongwe), so the group would stay in that area while visiting COPE activities.
2. Discuss program approaches and activities, problems, etc. (strategy and results to date) and COPE II's implementation plan with SC-US/COPE.
3. Attend the best practices workshop in Lilongwe (scheduled for 26-28 January) including a presentation by Family Health Trust Children in Distress (CINDI) from Zambia.¹
4. Copy relevant documentation pertaining to the grants, specifically, the COPE II extension and the Zambia modification to the existing HIV/AIDS Prevention Project.

The team should meet with the USAID Mission at its earliest convenience and also with as many of the following organizations as possible: National AIDS Control Program, UNICEF, and the Joint United Nations Program on HIV/AIDS (UNAIDS) plus the United Nations Development Program and the World Bank, as both have recently demonstrated interest in AIDS as a development issue. In addition to gaining outside perspectives on COPE, these visits could be excellent opportunities to advocate for greater inclusion of AIDS care/impact mitigation in development planning and in

¹ The dates of the workshop were changed after the team's visit was scheduled, so they were not able to attend.

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implementation of AIDS-related programming.

A brief visit to Lusaka to catch up on how PCI's plans have evolved since the last visits of both John and Jill should take place. Again, the USAID Mission must be advised of the team's findings and recommendations.

Activities that Relate Specifically to Jill Donahue's Expertise

The economic opportunity component of the COPE II is vital to the efficacy and sustainability of the community-based initiatives the program seeks to catalyze. A key element of COPE II's strategy in this regard is linkage of the CBOs with which COPE will work to organizations in the country active in microcredit, income generation, vocational training, and other economic opportunity programming. COPE II staff would be interested in attending meetings with these agencies arranged for Jill Donahue in terms of refining their emerging economic opportunity strategy. As for FINCA, COPE is still in the early stages of exploring a possible linkage: Jill's participation could be very helpful in advancing this as well.

DCOF/Washington is interested in refining the conceptual framework of orphans assistance programs so that these programs can best support the inclusion of income generating activities. The team should raise these issues with USAID Zambia and USAID Malawi and solicit their recommendations and perspectives.

APPENDIX 4**ITINERARY AND CONTACTS**

DATE	TIME	ACTIVITY	PERSONS PRESENT
Sat., Jan. 17	PM	Dinner discussion	Jill Donahue (JD); Stanley Phiri (SP), COPE Program Manager; Mark Lorey (ML), SC-US Staff
Sun., Jan. 18	PM	Dinner discussion	John Williamson (JW); JD; SP; ML
Mon., Jan 19	AM	Meeting at the Ministry of Women, Youth, and Community Services (MOWYCS)	Mary Shawa, Acting Deputy Director, Women's Affairs Department; Ruth Mwandira, Coordinator, Economic Activities Programme; Alice Napiyo, Business Management Specialist JW; JD; SP; ML
	AM	Meeting at Malawi Rural Finance Corporation	Geoffrey Kamwendo, Manager, Mudzi Financial Services Project; JD; JW; SP; ML
	PM	Lunch discussion	Tom Krift (TK), SC-US Malawi Field Office Director; JD; JW; SP; ML
	PM	Meeting at UNICEF Youth Office	Rick Olson, Youth Technical Advisor; JD; JW; SP; ML
	PM	Meeting at MOWYCS	L. Mhango, Principal Social Welfare Officer W. Manjolo, Acting Coordinator, Orphan Care Program; JD; JW; SP; ML
	PM	Discussion	Rick Olsen; JD; JW; SP; ML
Tues., Jan. 20	AM	Briefing at USAID/Malawi	Joan LaRosa, Chief, HPN; Nem Chakhame, Project Officer; JD; JW; SP; TK; ML
	AM	Meeting at GTZ (German Technical Cooperation) Office at MOWYCS	Sabine Hannig, Economist; JW; JD; SP; ML
	PM	Meeting at the World Bank	Solomon Ayalew, Senior Health Specialist; JW; SP; ML
	PM	Meeting at Malawi Social Action Fund (MASAF)	Sam Kakhobwe, Manager; Bridget Chibwana, IEC Officer; Murphy Kajawa, Field Coordinator; JD; JW; SP; ML
	PM	Discussion and Viewing of "Everyone's Child"	TK; JD; JW; SP; ML
Wed., Jan. 21	AM	Meeting at UNICEF	Esau Kalembe, Head of Care and Nutrition Programme; JW; SP; ML
	AM	Meeting at Action Aid	Rita Chilongozi, Coordinator, HIV/AIDS Project; Kaulanda Nkosi, UN Volunteer attached to SFA; JD; JW; SP; ML
		Meeting at UNCDF	Allen Chintedza, Programme Officer; JD; SP
	PM	Discussion	Joan LaRosa; JW; JD

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Thurs., Jan. 22	AM	Meeting with district-level partners and COPE staff in Dedza	COPE staff members Rington Taibu (RT) and Victor Katchika-Jere; and Dedza partners including: District Social Welfare Officer; District Community Development Officer; District AIDS Coordinator; and representatives from the business and religious communities; JW; JD; SP; ML
	PM	Travel to Mangochi	JW; JD; SP; ML; RT
Fri., Jan. 23	AM	Meeting with COPE staff in Mangochi	Christopher Mzembe (CM); George Chiweyu (GC); JW; JD
	AM	Meeting with district-level partners in Mangochi	Harris Potani, District Commissioner; Maxwell Khumbanyiwa, District Information Officer/DACC Chair; JW; JD; SP; ML; RT; CM; GC
	AM	Meeting with district-level partners in Mangochi	Hilda Nkaloswa, Primary Education Advisor, Ministry of Education and Chair of Mangochi DACC Youth Technical Sub-Committee; JW; JD; SP; ML; RT; CM; GC
	AM	Meeting with district-level partners in Mangochi	Dominique Misomali, District Social Welfare Officer; Gladys Banda, District Youth Officer; JW; JD; SP; ML; RT; CM; GC
	PM	Meeting with prominent Mangochi businessman	Wesley Kalokwete, Proprietor of Ice Cream Den and leader of Mangochi Small Business Association; JW; JD; SP; ML; RT
	PM	Meeting at the Mangochi office of the Episcopal Conference of Malawi (nationwide Catholic organization)	L.C. Jalasi, Coordinator of ECM's Home Based Care Programme in the Mangochi Diocese; JW; JD; SP; ML; RT; CM; GC
	PM	Dinner	Joseph de Graft-Johnson, SC-US health section manager; JW; JD; SP; ML
Sat., Jan. 24	AM	Meeting with members of the Namwera AIDS Coordinating Committee (NACC) and its Technical Subcommittees (TSCs)	Chair, NACC; Secretary, NACC; Secretary, Orphans TSC; Chair, Youth TSC; Chair and Secretary, Home Based Care TSC; Chair, High Risk TSC; Chair, Pre-School Construction Committee; Technical Advisor/Peace Corps Volunteer; JW; JD; SP; ML; RT; CM; GC
	PM	Meeting with NACC leaders	Secretary, NACC; Chair, High Risk TSC; Chair, YTSC; Secretary, HBCTSC; Technical Advisor JW; JD; SP; ML; RT; CM; GC
	PM	Meeting with COPE staff to discuss market chain analysis	JW; JD; SP; ML; RT; CM; GC
Sun., Jan. 25	AM	Visit to Malamya Village AIDS Committee (VAC)	NACC members; JW; JD; SP; ML; RT; CM; GC
	AM	Visit to Simbiri VAC	NACC members; JW; JD; SP; ML; RT; CM; GC
	PM	Visit to Balakai VAC	NACC members; JW; SP; ML; RT; CM
	PM	Visit to the Namwera market	JD; GC
	PM	Closing discussion	NACC members; JW; JD; SP; ML; RT; CM; GC
Mon., Jan. 26	AM	Travel to Mangochi	JW; JD; SP; ML; RT; CM; GC
	PM	Lunch meeting	JW; JD; RT; ML

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	PM	Meeting at District AIDS Coordinator's Office	Jones Labana, District AIDS Coordinator; Christa Dumpys, Peace Corps Volunteer and DAC Counterpart; JW; ML
	PM	Discussion with COPE staff	JW; JD; SP; ML; RT; CM; GC
Tues., Jan. 27	AM	Travel to Blantyre	JW; JD; SP; ML
	PM	Meeting at Malawi Network of AIDS Service Organizations	Joyce Nkhwazi, Coordinator; Clive Mwalwanda, Chair of Southern Region AIDS Network; JW; JD; ML
	PM	Field visits with the Community-based Orphan Care Program of the Church of Central African Presbytery's Blantyre Synod Projects Office	Anderson Kumwenda, Coordinator of Projects Office; Amos Dzina, Prog. Manager; Doreen Maloya, Nurse; Gerald Ackuziwoklo, Small Scale Enterprise Advisor; community workers; community volunteers
	PM	Meeting to plan presentation	JW; JD; SP; ML
Wed., Jan. 28	AM	Meeting at Women's World Banking	Mary Nyandovi-Kerr, Executive Director; Hastings Chunga, Technical Advisor; JD; SP; ML
	AM	Meeting at Foundation for International Community Assistance (FINCA)	Scott Graham, Technical Advisor JD; JW; SP; ML
	PM	Discussions en route to Lilongwe	JD; JW; SP; ML
Thurs., Jan. 29	AM	Preparations for presentation	JD; JW; SP; ML
	PM	Presentation at USIS	JD; JW; SP; ML; TK
Fri., Jan. 30	AM	Debriefing at USAID	Kiert Toh, USAID Mission Director; Joan LaRosa; Linda Andrews, Reproductive Health Specialist; JW; JD; TK; ML
		Meeting at USAID	Bill Mvalo
		Debriefing with SC-US Staff	JW; JD; SP; ML; TK
Sun., Feb. 1	AM	Departure for Lusaka	JW; JD

APPENDIX 5

COPE JOB DESCRIPTIONS

Area Mobilizer

To mobilize the formation of Community AIDS Committees in the semi-urban, rural, and urban areas to begin to address the consequences of HIV/AIDS in their communities in a sustainable, effective and efficient manner.

This will include the promotion of the use of participatory methodologies to build the capacity of the community groups, government front-line workers, and village action committees.

Areas of focus are as follows:

- identification, monitoring, assistance, and protection of orphans and other vulnerable children;
- home-based care (HBC) training and visitation;
- collective fund raising for a community emergency assistance fund;
- promotion of dimba (wetland) garden and other income-generating activities; and youth club formation and structured recreation activities.

The Area Mobilizer will collaborate and coordinate with the district government ministries, including Community Services and Youth, Health, Education, Local Government; religious organizations; community groups, local NGOs; and other key players in the pursuance of the same goal.

Specific roles and responsibilities of Area Mobilizer

The primary role of the Area Mobilizer shall be to promote intervention (community managed initiatives) that address HIV/AIDS impacts in the respective districts of COPE operation in conjunction with the district stakeholders. Activities include:

1. Catalyze formation of CACs and/or strengthening of existing institutions that work towards the goal of mitigating the impact of HIV/AIDS at District, Area, and Village levels
2. Assess and assist these and district Government partners on responses to impacts of HIV/AIDS
3. Link communities to external resources
4. Train CACs and Government partners on responses to HBC, Psychosocial needs of children and any other needs as may be identified.
5. Provide technical assistance to the CACs and other partners (organizational capacity building, training of trainers, and catalogue of the skill base in the district)
6. Write reports
7. Control budget
8. Represent SC-US at district and other forums
9. Conduct search for potential sponsors for linking with CACs
10. Monitor and evaluate program activities
11. Advocate relevant action by other bodies

12. Mobilize internal resources (community)
13. Carry out other duties as assigned by the Senior program manager from time to time.

Economic Opportunities Promoter

- Train and encourage Community AIDS Committees to undertake community fund raising activities and to build an effective and fair system of allocating funds to vulnerable community members
- Encourage arrangement of apprenticeships with local skilled artisans for orphaned adolescents and other vulnerable out-of-school youth
- Link Community AIDS Committees to internal and external funders and non-governmental and governmental economic opportunities programs.
- Strengthen the skills of Village and Community AIDS Committees in proposal writing and simple project planning, monitoring and implementation
- Collaborate and coordinate with the district government ministries, including Community Services and Youth, Health, Education, Local Government; religious organizations; community groups; local NGOs; and other key players in pursuance of the goal of helping communities deal with the consequences of HIV/AIDS

Specific roles and responsibilities of the Economic Opportunities Promoter

1. Help communities mobilize internal resources
2. Mobilize communities through the existing structures
3. Facilitate income-generating activities
4. Link adolescents to skills/apprenticeship opportunities
5. Train community committees in proposal writing for possible funding
6. Link communities to financial or lending institutions (catalogue all economic opportunities available in the district)
7. Facilitate training in business management skills (training of trainers, catalogue the skill base in the district)
8. Represent the agency on economic opportunity issues
9. Assist the community in the identification of possible and sustainable income-generating activities through existing structures
10. Write monthly and quarterly joint reports
11. Joint planning of activities, e.g., field activities, budgeting
12. Develop and strengthen relationships with existing structures.

NOTES

Review of the COPE II Program

1. For the sake of simplicity “COPE” is used to refer to the current, COPE II program.
2. An orphan is considered a child below 15 years of age, one or both of whose parents is dead.
3. These include the GTZ and Ministry of Women, Youth, and Community Services’ (MOWYCS) Promotion of Microenterprises for Rural Women project, the Ministry of Agriculture’s (MOA) Mudzi Scheme, and SC-US GGLS project. The MOWYCS and MOA projects were absorbed by MRFC. The GGLS scheme linked many of its groups to DEMAT.
4. MRFC staff mentioned that they also train fisheries agents to form groups.
5. Mr. Samu Samu of Bunda College, quoted in “Report of the 1st MANASO Conference, 17th - 18th April 1997, Kalikuti Hotel, Lilongwe, p. 12.
6. From the text of the presentation, “AIDS in Africa: Socio-Economic Determinants and Development Impact, ” delivered December 10, 1997, p. 7.